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Ophthalmological Department.

PROF. A. A. HUBBELL, M. D., EDITOR.

SOME OF THE DEFECTS OF VISION:—THEIR CAUSES, DIAGNOSIS AND TREATMENT.

BY THE EDITOR.

Read before the Buffalo Academy of Medicine, Aug. 11th, 1880.

MR. PRESIDENT AND GENTLEMEN:—

I have chosen a subject for this occasion, not altogether new, but one which claims the attention of physicians to a greater extent than at present exists. A few years ago it was rare for physicians, generally, to inquire into those perplexing and distressing conditions affecting the eyes of their patients, especially if there were no outward manifestation of disease, and the poor victim was driven to the conviction that he was hopelessly doomed to a defect and impairment of sight for which there was no remedy. The profession is a little better off to-day, and physicians are a

little better prepared to prescribe for the patient who cannot see well, and yet who otherwise does not present symptoms of disease; but even the present qualifications in this direction may be improved. I beg, therefore, to bring to your attention at this time certain facts and principles which should have a wider dissemination, and with which every physician should make himself familiar.

The defects of vision which I wish to consider are not those resulting from ordinary inflammatory or other active manifestation of disease, but those which exist without any outward visible changes of the eye.

It may be unnecessary to remind you that the eye is made up of certain tunics, or coats, such as the outer, or sclerotic and cornea; the middle, or choroid and iris., including the ciliary body; and the inner, or that expansion of the optic nerve called the retina; or, also, that there are certain transparent media, the crystalline lens lying immediately behind the iris, with the aqueous humor in front of it, and the vitreous behind it. But it may be well to remember, however, that these transparent substances, together with the cornea, from a refractive media, or rather have a refractive power upon light which alone, or in connection with certain auxilliaries, so bend rays of light emanating from a given object that they are brought to a focus upon the "macula lutea" or "sensitive spot" of the retina. This refraction of light in the eye depends upon the curvature of the surfaces of the cornea and crystalline lens, together with the density of these structures and that of the aqueous and vitreous humors, and also the length of the eye-ball antero-posteriorly.

EMMETROPIA.

In an ideally normal eye its refraction is such, when the eye is at rest, or there is no *muscular* element introduced to modify it, and bears such a relation to the length of its axis, that rays of light proceeding from an object at an "infinite distance," infinate distance in ophthalmology meaning twenty feet or more, rays then being parallel, practically, though not absolutely, may be focussed upon the retina and a distinct image there produced. Such an eye is said to be *emmetropic.* In other words, an emmetropic eye is one in which the eye being free from all muscular action, parallel rays of light entering it are so refracted that their point of focus falls directly upon the retina.

When objects are brought nearer than an infinite distance they emit rays entering the eye more or less divergent, instead of being parallel, and, with the eye at rest, the focus is therefore carried *behind* the retina. In order, then, to bring the focus of such diverging rays forward to the retina, and give a distinct image of objects upon it, the refractive power of the eye must be increased. This is done, normally, in the eye itself by increasing the curvature, and consequently the refraction, of the crystalline lens through the contraction of the ciliary muscle. This action of

the ciliary muscle upon the crystalline lens by which such change is effected is called *accommodation*. It is the "adjustment" of the refraction of the eye for near objects.

In young persons with emmetropic eyes this power of adjustment, or accommodation is usually such that objects can be distinctly seen very near the eye. The nearest distance at which vision is thus clear is called the "near point," while the "far point" is the most distant point at which vision is distinct. For vision at the near point the accommodation is the most active, and for that at the far point it is the most relaxed. The "*range*" of accommodation is the power which the eye possesses of adjusting vision for near objects and is determined by the difference between the near and far points. It depends upon the strength of the ciliary muscle and the elasticity of the crystalline lens, together with refractive power of the eye. The optical value of the accommodation is expressed, numerically, by the strength of that convex lens which, added to the condition of refraction of the eye, would adjust for the nearest point upon which the eye could have been adjusted by its own physiological power.

MEASUREMENT OF REFRACTION AND ACCOMMODATION.

The refractive power of the eye is determined when the accommodation is perfectly relaxed, by the distance of the far point of distinct vision, and depends upon the shape of the eye. In the normal or emmetropic eye refraction and accommodation bear such a relation to each other that clear vision exists at any distance between the near and far points.

To facilitate the measurement of refraction and accommodation, as well as to ascertain the acuity of vision, certain objects, lines, letters, etc. have been constructed and introduced into practice. Those in most common use are Snellen, and Jaeger's *test-types*, of which the former are most preferable.

Snellen's test-types are constructed upon the principle that objects are clearly visible to the normal, or emmetropic eye only when presented under a certain angle, called the *visual angle*. This visual angle is the angle formed by rays of light proceeding and *converging* from the extreme points of an object toward the eye and meeting at the "crossing," or nodal point within it, which, approximately, is near the posterior surface of the crystalline lens. The size of this angle depends upon the size and distance of the object. An object at five feet distance forms an angle twice the size of that at ten feet; and one at five feet will give the same angle as one twice as large at ten feet, the angle increasing with the increased size or nearness of the object, and diminishing with the diminished size or remoteness of the object.

The smallest visual angle within which vision is clear and distinct has been shown to be five minutes, or one twelfth of a degree. Snellen's

types are so formed that each number at a corresponding distance from the eye gives the visual angle of five minutes. No. I, therefore, in the emmetropic eye should be distinctly seen at one foot; No. II, at two feet; No. X, at ten feet; No. XX, at twenty feet, and so on. Any considerable deviation from this standard indicates some error in the refraction or accommodation of the eye, or in the acuteness of vision.

Another aid, especially valuable in determining certain defects in accommodation and refraction, is a series of lenses ranging in power from strong to weak, and both concave and convex, the concave lenses rendering parallel rays of light divergent in passing through them, while convex lenses converge them. Such lenses are called "trial glasses." These glasses are numbered, usually, according to the number of inches at which parallel rays are brought to a focus, or point, a convex lens giving its focus behind or beyond it, which is called positive, and a concave lens in front of it, which is imaginary, and is called negative. The plus, (+) or positive sign, therefore, indicates a convex lens and the number to which it is prefixed, the length of its focus. Thus +20 signifies a lens, convex and of twenty inches focal length. The minus (—) or negative sign indicates a concave lens, and the number, the negative focal distance. Thus — 15 signifies a concave lens of fifteen inches focus. The strength of the lenses are also designated by making 1 the numerator of a fraction, and the focal distance, the denominator. Thus a twelve-inch lens has a power of 1-12, a two-inch lens, of 1-2, etc., while the plus or minus sign prefixed to the fraction shows whether the lens is convex or concave. The metric system of numbering lenses has been introduced into this country, but its use has not become common, and I need not describe it.

The number of trial glasses need not be large for ordinary practical purposes; but it should be the effort of every physician of large practice to provide himself with a set more or less elaborate according to his own taste and means. (The Doctor here exhibited specimens of test-types and illustrated the use and action of the different lenses from a very elaborate set of Nachet's trial-glasses.)

AMETROPIA.

Let us now pass to the consideration of vision where accommodation is faulty, and where the refractive power is not that described for the emmetropic eye.

The *accommodation* of the eye, depending upon the action of the ciliary muscle and the elasticity of the lens, may be affected by either over-action (spasm), or diminished action (paralysis) of the ciliary muscle, or by an increased density and consequent diminished elasticity of the lens (presbyopia.)

The *refraction* of the eye, depending upon the shape of the ball, or the length of its antero-posterior axis, and the curvature of the cornea and

other dioptric surfaces, may be so affected that parallel rays of light may be focussed behind the retina, or in front of it, instead of upon it, the accommodation being relaxed. An eye thus constituted is said to be ametropic.

When the eye-ball is too short, and the focal point of refraction is carried *behind* the retina, the condition is termed *hypermetropia*. When the eye-ball is too long, and r ys are focussed in *front* of the retina, it is called *myopia*.

HYPERMETROPIA.

Hyper-me'ropia, sometimes termed long, or over-sightedness, is one of the most common of the defects of refraction, of the eye. Statictics show that it is much more prevalent than the opposite condition, myopia. It is a congenital, and often hereditary condition, and is seldom, if ever, acquired except in advanced life when the eye and lens possibly undergo some change in their diameters by which the antero-posterior are shortened, or by the removal of the crystalline lens when it exists in a very high degree. It has been supposed that hypermetropia depended upon a flattening of the cornea, but this has been shown not to be the case. On the other hand the curvature of the cornea is generally ever greater than in the emmetropic eye. The reason why the cornea appears flatter is that the pupil is smaller, and the anterior chamber of the eye not so deep. Glaucoma in its early stages, a displacement forward of the retina by detachment, choroidal exudations or posterior flattening of the eye-ball by orbital tumors, flattening of the cornea by central facets, etc., may in rare cases induce a form of hypermetropia. According to Donders the eye is smaller than that of the emmetrope, and he considers it an imperfectly developed eye, with a smaller optic nerve containing less nerve-fibres, and a less expansion of the retina. He also thinks it often co-exists with a typical form of face, chiefly dependent upon a shallowness of the orbit which gives a peculiar flatness to the physiognomy.

SYMPTOMS OF HYPERMETROPIA.

Disturbance of vision, which corresponds, other things being equal, with the degree of the hypermetropia, is one of the first and most prominent symptoms. A few years ago the source of this disturbance was ill-understood, and many theories prevailed to account for it; but in practice their application failed to give relief to the patient. It was attributed to various causes, but more particularly to "diminished sensibility" of the retina, "over-work," "debility," etc., and many a person was required to relinquish an accustomed and congenial occupation for one foreign to his taste or adaption, or to take a journey to some distant land to improve his general health and give his eyes a *prolonged* rest. Children at school with their vision thus crippled have been pronounced *stupid*, and punished

for poor recitations because the source of their trouble was imputed to the mind, instead of to the eyes where it belonged.

The disturbance of vision which is shown in hypermetropia is an inability to see distinctly, especially in viewing near and small objects, *except for a short time.* The hypermetropia may be so great that even distant objects are not clearly seen even for the briefest period, there being a constant dimness that cannot be overcome. This form, however, is not as common as that in which distant vision is good, but near vision poor, or only good for a short time, and followed, perhaps, after continued effort by a greater or less sense of fatigue in and around the eyes; or that form in which the hypermetropia is wholly suppressed and vision is always clear.

Persons with hypermetropia often appear near-sighted, or myopic, small objects being brought near the eye in viewing them. Thus in reading, or in any near use of the eyes, the print or work is held but a short distance away from them. The patient thus gains a larger visual angle which, although not affording perfectly clear vision, enables him to see at a greater advantage than further away, the larger retinal images overbalancing the want of sufficient accommodation. Hypermetropes often have the peculiar habit, also, of partially closing or "knitting" the eyelids. This covers more or less of the pupillary opening, and removes much of the dispersion of light, and thus gives clearer retinal images, and consequently better vision. This habit is sometimes seen in myopia, and produces the same effect.

In all degrees of hypermetropia the *unaided* refractive power of the eye being such that all objects are imaged or focussed *behind* the retina, there can be no distinct vision *until* the refraction is increased and the image or focus placed upon the retina, either physiologically by the action of the ciliary muscle, or artifically by the application of a convex lens. In young persons, and those with vigorous accommodation, and in whom the hypermetropia is not too great, this supplementary refractive power of the eye may be added and maintained; but only through the constant action and tension of the ciliary muscle, and at the risk of its exhaustion and the consequent distress which may supervene. To relieve this strain of the ciliary muscle a convex lens may be used of sufficient strength to overcome or rectify the deficient refraction, and approximately give, through this artificial means, the power of an emmetropic eye, so that for distant vision the accommodation may be comparatively at rest. A lens which will thus give clear vision and relax as much as possible the accommodation for distant objects, or in other words, a lens that will bring the focus of parallel rays forward upon the retina indicates the degree of hypermetropia that is overcome by it. If

the accommodation can be *fully and completely* relaxed, such a lens will measure the total degree of hypermetropia, and also the proportionate, extra amount of action that the ciliary muscle has to sustain.

FORMS OF HYPERMETROPIA.

But it is not always easy, or possible to perfectly relax the accommodation, voluntarily, for the tension has continued so long that it has assumed a sort of permanency, or an unyielding condition which only artifical means will overcome. Therefore the strongest lens which gives clear distant vision does not always measure the full degree of hypermetropia, for that part of the accommodative power which remains in action and cannot voluntarily be relaxed, covers up, or hides a certain and corresponding proportion of the defect. Hence hypermetropia is divided into that which is shown by the strongeset convex lens that is compatible with distinct, distant vision, and called "*manifest;*" and that which may be covered up by the involuntary tension of the ciliary muscle, and termed "*latent.*" Latent hypermetropla may become manifest when the accommodative power is arrested, as in presbyopia, or by paralysis either as the result of disease, or from the use of mydriatics, such as atropia, duboisia, etc.

Hypermetropia has also been divided into "*absolute*" and "*facultative.*" In the degree or form called called absolute, distinct vision is impossible at any distance; while in that termed facultative, vision is distinct for all distances, the whole defect being overcome by the accommodation. Facultative may become absolute hypermetropia when the power of accommodation is lessened by any cause.

Still another form has be recognized by Donders which he terms "*relative.*" With the effort of accommodation necessary in hypermetropia there is a tendency to a corresponding convergence of the visual axes,—an excess of convergence,—the lines of the visual axes not meeting at the object, but at a point between that and the eye. Accommodation, however, is rendered easier, and consequently vision is better, and the relative amount of manifest hypermetropia less, by such over-convergence. But binocular vision is sacrificed and squint is frequently produced.

To be Continued.

Medical Department.

PROF. S. N. BRAYTON, M. D. EDITOR.

DIARRHŒA.

BY PROF. C. F. HOWARD.

Editors Investigator:—

I trust that you will pardon me for asking a portion of your valuable space, but the great prevalence of Diarrhœal diseases among adults and children at the present time will I hope be sufficient excuse for the request. As the members of the profession well know, thousands of children have succumbed to Cholera Infantum in the city of New York alone during the past month, and even in our city there seems to be a greater number than for many seasons past.

The causes are numerous but the principal ones are no doubt, overcrowding in badly ventilated rooms, teething, eating unripe fruit, and sudden atmospheric changes. The first is proven conclusively by the fact that a very large percentage of those afflicted live in tenement houses and in places where sewage and ventilation are both defective. The country practitioner no doubt wonders why so many little ones die of Cholera Infantum in the large cities, when he, in his country practice rarely loses one; but he should not forget that there are no green fields, pure air, and wholesome food in Kitchen, Parlor,and Bedroom combined, and, that too, probably situated in a low basement.

Teething almost always causes some disturbance of the intestinal tract and when neglected, as it frequently is by mothers who think that their baby must have diarrhœa to insure the growth of its teeth, it results very seriously.

The eating of unripe fruit is another great cause, and especially the half-decayed poison that can be found at almost every grocery. A little judicial legislation on this point would save many dollars that is now paid for physicians' fees or funeral expenses.

The sudden atmospheric changes from hot to cold et *vice versa* no doubt is the source of a great deal of Cholera Morbus without the assistance of any of the causes above enumerated. Several cases recently, I have been unable to trace to any other origin, and the warm days and cold nights are especially essential to its production.

The treatment is the interesting part, and I would like to hear from some more experienced than myself on this important subject. I have always relied principally upon the following mixture, which rarely, if ever, fails:

Recipe — Tinct. Camphoræ, / " Ipecacuanhæ, / " Verat. Alb. } ää 2 drachms. Mix.

Sig. drops iii every half hour until relieved.

With the above I often add ten or fifteen drops of Tinct. Capsicum. Should the diarrhœa continue, I have generally found one or more of the following remedies very reliable:

Merc. Cor. 3 x	Ars. Alb. 3 x	Merc. Sol. 3 x
Baptisia 2 x	Rheum 2 x	Cuprum 3 x

For children, I frequently give with some of the above, China 2 x Cina 2 x, Colocynth 2 x, Chamomilla 2 x, and Nux Vomica 2 x; and I can honestly say that I have never as yet been obliged to resort to opium. My allopathic brethren no doubt take the above declaration with a little hesitation, but if they would only lay aside their prejudice, and give some other remedy besides opium, they would find my assertion true.

AN ALLOPATH'S OPINION OF *SIMILIA*.

Editor Investigator:—

I am honored with a copy of your very neat journal. It is indeed cheap at the price, and could I subscribe to the teachings of Homœopathy, would at once forward you my name, and money as a subscriber. I have examined your principles fully, read without prejudice, Raue on Pathology and Practice, Rudoe's General Diseases, and Treatment, Joslin's Principles of Homœopathy, Hempell, etc. Have a lot of Potencies, and have given them a fair trial under "*Similia Similibus, Curantur*," etc. Diseases resembling the effects that certain remedies produce upon the system, the like remedy will relieve. This will not do. I cannot indorse it. My object in investigating its teachings, was, if possible, to fall upon a potent, and pleasant remedy, or remedies,, that might be good in alleviating disease, and at the same time to get palatable agents. But while I am an Allopath, I do not advocate a strong and heroic treatment in the cure of diseases. I use Aconite, but in general forms of fevers, and in inflamatory actions, it is one of our best remedies, also, Gels. and Verat, I can

use these three remedies, and combat many of our diseases in connection with others. But cannot, with an able, and honest effort, discard the Eclectic system in favor of Homœopathy, until more light be thrown upon it. The idea of comminutions, the higher, the better, says Joslin, curing disease when it would be an infallible problem, problem in mathematics, to tell the quantity of medicine you have in even the 20th dilution, saying nothing of the 100th, and I ask you sincerely, should you meet a patient suffering with Colic or Dysentery, would you meet it with Aloes vi or x dil., or the latter with Colocynth with about 1-6 drop to dose, or would you give one or two drams of chloroform for relief, and move the bowels by Enema, or gentle laxatives, removing the cause? With all due respect to my Hahnemannian friends, under all the teachings for conversion, I am forced to exclaim in the language of the Ephesians. "Great is the Goddess Diana." Give me the Eclectic practice, or any good and potent remedy, for the alleviation and cure of disease. Respectfully,

L. V. WEATHERS, Hollywood, Ark.

The above letter was received last month but too late for publication. In a private note, Dr. Weathers states he would enjoy a little friendly discussion. We would gladly do all we could to aid in enlightening the Dr., but as our views have been quite thoroughly expressed in previous numbers of the INVESTIGATOR, it would be an old story to our *subscribers*, and the subject might become somewhat monotonous.

We will say, however, for those who do not understand the workings of Homœopathy that some of the physicians, using that kind of medicine, do so partly on *theoretical*, and partly on positive knowledge, the same as the Allopaths, or any other school of physicians. It is proven by *experience* that the more minutely a medicine is divided, the more active it becomes. Take for example calomel. You can give ten grains of that drug to a patient, and it will almost always produce a cathartic effect. If you take *one* grain and triturate it with nine grains of sugar, for fifteen minutes in a morter, and lay out plenty of strength in trituration, then divide this in six powders, and give one every four hours, you will obtain a cathartic effect as soon as with ten grains, and altogether more pleasantly. Now take one grain of this 1st trituration, and make the 2d in the same way, and you will obtain similar effects, although not as soon, so far as catharsis is concerned, but the effects on the constitution will be greater in other respects; and so on to the 3d. We use Calomel as an example because it can be so easily tested. It has been found by Homœopathists that minute doses of healing drugs are just as potent to cure as poisonous ones are to distroy, or produce disease.

How many persons are seriously effected, whenever they go in the vicinity of the Poison Ivy, (*Rhus Radicans*) or even touch the *Rhus Toxicodenrdon*, or Poison Dogwood, or, how susceptible many are to the influences of the different pollen as they float through the air, producing

"hay fever," "peach fever," "rose fever," etc., and what changes will occur in the lungs of the asthmatic, when he removes to another climate. Then too, see what small doses of the poison of small pox, measels, whooping cough, miasma, etc., it takes to prostrate the strong man, and lay him on the bed of sickness and death. And does it require a teaspoonful of the serpants venom injected into the veins to kill? Thus, the human system is a delicate organism very susceptible to external forces or powers and so we claim that minutely divided or triturated or diluted medicines act more promptly, effectually, and satisfactorily than the larger doses and cruder drugs. It is admitted, we believe, by all Physicians, that medicines have two actions, the one diametrically opposite from the other, called the *primary* and *secondary*, and while the Allopath obtains the secondary, the Homœopath is after the primary, when he gives his medicines in dilutions or triturations. If we are called to see a man who is in a stupor, with all the symptoms of one who has taken a poisonous dose of opium, but which is produced by disease, we prescribe a minute dose of opium, and obtain the *primary* effect of the drug, which is stimulating, and therefore get wakefulness. If a person has a diarrhœa with discharges resembling those produced by a cathartic dose of Rheubarb and the other prominent symptoms are similar, or correspond to the action of that drug, we give a minute dose of Rhubarb and it always produces the desired effect; but if you were to give this medicine when it was not indicated, but some other, as Colocynth, Podophyllum, Arsenicum &c., you can be assured that you will get no effect one way or the other. And so it is with all Homœopathic Medicines, and we might go on and fill this *Journal* with examples, but the above are sufficient for illustration.

Again, most Homœopathic Physicians claim that a disease is eradicated when their medicines are given, by establishing or producing a new disease similar to the one already engaging the system, on the principle that no two diseases of a similar nature can exist in the body at the same time. The stronger will drive out the weaker and as the medicine is the stronger, the disease must yield.

There is another branch of Homœopathists who explain the action of mecine on the principle that they let loose the latent healthy force of the system, which coming into action drives out the disease. That when an organ is diseased, the healty functions are not destroyed, but lie more or less in a latent condition, and that these minute doses having been triturated, the atoms themselves having been subdivided into molecules, act more promptly and more effectually in obtaining that end. Or in other words, that disease consists in an inaction of the healthy functions, and it can become restored by the administration of a remedy, the action of which in large doses stimulate those of the disease, which brings you to the primary drug effect.

And yet the law of Similia does not confine the Homœopathic practitioner to infinitesimal or even small doses. It does not matter how large or how small the dose, so long as the action is in accord with the law of "like cures like," but the smaller doses are given because, in the majority of cases they have been found to be the more effectual. If the Doctor cannot understand how the 200th dilution works, he must do as we do, and use the lower that we can understand. We can give him no positive explanation as to how these medicines work, any more than he can how a cathartic or emetic operates; we have theories, but when we follow them up they are all enshrined in mysteries too deep for the mortal eye to penetrate. There surely must be some efficacy in Homœopathic medicines, for statistics show that the mortality is far less under the use of them than the Allopathic. Either this or the "old school" medicines sometimes kill. In order to be convinced that there is virtue in Homœopathic medicines, and that there *is* a law which governs their action, it is only necessary to try the 1st, 2nd, or 3rd dilutions of Arsenicum Album, in a case of vomiting where there is a burning sensation in the stomach with great thirst, satisfied with small draughts of cold water, or Ipecac, in the same dilutions, in vomiting with sensations similar to an Ipecac emetic, or Colocynth tincture, or 1st, or even higher to relieve the gripings in the bowels with distention from flatus &c., or a headache where Belladonna or Gleseminum are indicated. It is a very easy matter to become convinced if the person commences understandingly and is unbiased. The Eclectics are using in their "Specific Medicines" remedies according to the Homœopathic law, and all their cures with them are according to that law and no other. Hundreds upon hundreds of cases are also cured by the old "school," according to the same law as every Homœopathic physician can testify who has been an Allopathic practitioner, although it may be done with large doses. We suspect that the Doctor did not read those books very thoroughly and carefully or he would not give Aloes in any dilution for colic, or Colocynth in any form for Dysentery as a general thing. Were we to treat a case of Colic we might give Nux. Colocynth or Dioscorea as they might be indicated. Or Ipecac and Mercurius Corosivus in Dysentery, but could not think of even relying on them alone in all cases. Should they fail we could not even then say that Homœopathy was a humbug. It seems the Doctor's faith was very weak, for he gave out when he found that Aloes would not cure Colic, or Colocynth Dysentery. We should never give Chloroform and laxatives for colic, as he does; there are many remedies better even in "the old school" materia medica.

In a small Journal like this, it is impossible to elaborate ideas very fully or even to express a half that might be necessary to give a thorough understanding on this subject, but enough may have been said to throw

some light upon it. If the theories here advanced do not meet with the views of our Homœopathic brethren, the pages of the INVESTIGATOR will be open to receive their communications. S. N. B.

Surgical Department.

PROF. S. W. WETMORE, EDITOR.

SURGICAL NOTES.

BY THE EDITOR.

Read before the Academy of Medicine Sept. 8th, 1880.

CASE 1, SCIRRHUS OF BREAST.

Mrs. K—— aged 45 years, very fleshy, weighing 250 pounds reported at the Provident and Free Dispensary of the College of Physicians and Surgeons, with the following history:

About one year ago, began to notice a small round hard lump in the right breast, on the upper and outer side of the nipple, tender on pressure and slightly painful. The tumor had gradually increased in size, until the entire gland, as well as some of the lympathic glands in the axilla were involved. The breast was enormous in size, not attached to the structures beneath it, was movable, very hard, and had the characteristic retraction of the nipple. The health of the patient was not as yet impaired by the existance of the growth, save that the nocturnal pain had served to disturb her comfort, and the occasional anodynes required, had somewhat impaired the appetite. The patient was anesthetized and the entire breast removed together with three axillary glands, the largest of which was about the size of a hen egg. It was the largest *Scirrhus* Breast that has ever come under our observation, its weight having been estimated at six pounds.

The parts united by first intention, and not an untoward symptom followed.

No remedies were administered for the purpose of preventing its return, seven months have elapsed and as yet there is no evidence of the existance of any cancer cells in the cicatrix or neighboring parts.

As a general rule it is believed that malignant growths of this character, return within four years, either in the same locality, in the cicatrix, or some internal organ becomes involved.

Reference to our note book for the last eighteen years, furnishes us with a large number of cases, the subjects of which are still living, one of eleven years, two of seven, one of six, one of five and two of four, others of minor importance of later date, one of which we will only notice.

CASE II.

Mrs. E—— of Pa. was admitted into the private wards of the Homœopathic Hospital June 28th 1880, with an enormous Scirrhus of the right breast. She seemed to have been the rounds, had received the opinion of a great number of physicians, and several surgeons, all of whom had discouraged her by saying there was no hope, and advised her to return home and resign herself to her inevitable fate. Like the case above detailed, the entire gland was involved. Ulceration was already established and had been discharging through the nipple and two or three other points for several months. The axillary glands were also involved, and several were enucleated that were adjacent to the brachial plexus of nerves, and completely surrounded the axillary artery; the larger one was quite as large as an ordinary goose egg.

The entire breast was removed and but one artery was found necessary to ligate. The incisions necessarily made were eliptical in shape and measured at the second dressing just thirteen inches in length. A longer incision than was required in the removal of the six pound breast. Union took place almost exclusively by first intention, and within ten days. She returned home in due time cheerful and happy. A letter from her a few days since informed me that she was well, with the exception of some pain in the cicatrix, probably produced by the corrugation in the healing process, which, not unlike a burn, continues to contract for several months. Of late a new remedy has been highly lauded by Medical Journals as being efficacious in cancers of the Uterus. We do not see why it might not prove of just as much utility in any other part of the body as it is administered by the stomach, and produces its effect by being absorbed into the circulation. We refer to *Chian Turpentine*. All efforts to obtain the genuine article having proven futile, we are unable to vouch for its remedial properties.

CASE III.

Jas. D—— aged 36, German, light complexion, and by occupation a carpenter, presented himself for treatment at the Dispensary with the following history:

One year previous was hit by a large rubber ring, (such as is used under large transfer wagons,) at the middle third of the right leg on its inner aspect. It was sore for a few days, and the irritation having subsided,

nothing more was thought of it until three months had elapsed, when there appeared an enlargement at the reciept of the injury, and very soon after very slight pain was experienced. The pain and swelling gradually increased until he reported at the dispensary. An examination revealed a bony enlargement, about the size of an English walnut.

The patient was etherized and the soft parts laid aside by making a lengthy incision over the growth, and by the means of the mallet and gouge the morbid deposit was entirely removed, the flaps replaced, and union complete was the result, and no return of the disease has as yet been manifested, eight months having elapsed. On examination of the specimen under the microscope I found positive evidence of *Osteo Sarcoma* which confirmed my diagnosis.

CASE IV.

James D—— American, aged 14 years, general appearance healthy, reported on account of a painful tumor on the right side of the inferior maxilla, of eight months standing.

On examination of the growth it was diagnosed Osteo Sarcoma, and its removal advised. The patient was chloroformed and an incision made along the middle of the jaw from near the angle of the mouth to the ramus. The facial artery was severed and ligated. The tissues were dissected from the jaw, the first bicuspid and second molar were extracted and a large heavy pair of bone forceps (made especially for the purpose) severed the bone at these points.

The hemorrhge was not troublesome, and the simple pinching and twisting of the arterial twigs suffised to control it.

The parts were brought together by stitching. The upper jaw was used as a splint for the lower, and the four tailed bandage, with a compress was applied, and in due time a very perfect cartilaginous union, with slight deformity was the result. The young man informs me that the power and facility of mastication is perfectly satisfactory, and the only unpleasant "feature" is the deformity.

CASE V.

Geo. S—— German, aged seven years, was brought in from the country by his parents, who reported that nearly three weeks previous while the boy had several kernels of indian corn in his mouth he was excited to laughter, which effort drew into the trachea, one of these bodies. Its presence induced spasmodic coughing more or less which continued several days. Several physicians saw the case and all efforts to remove it proved futile, in this condition he was submitted to my care. A careful physical exploration with the stethoscope located the foreign body in the right bronchus, the right lung was very much conjested, there was considerable fever present, pulse and respiration rapid, temperature 102°. With these

symptoms and the anxious countanance, and stertorous rales present, the emergency of the case was presented. The patient was anesthetized, suspended by the heels and shaken, in hopes to dislodge and expel the corn. (In several cases of this kind in young children I have been successful with, and without chloroform), but this effort proved futile. Tracheotomy was then performed, and by a long pair of curved forceps the foreign body was reached and extracted. The seed was found considerably enlarged in consequence of the absorption of moisture. The wound healed kindly. The fever was controlled with aconite and the pulmonary conjestion by the administration of phosphorous and a complete restoration to health was the result.

CASE IV.

Thomas S——, creole, aged 38, laborer. Came under my care at the Homœopathic Hospital, with the following history, While assisting in the erection of a very heavy boiler, it slipped from its support, while he was under it, and crushed his left leg the *entire* length, upon which it rested for more than one hour, before the workmen were enabled to extricate him.

The patient suffered greatly from shock; the fracture compound comminuted, and it was difficult to decide whether to amputate at the hip joint, or as near the body as possible without entering the joint, and remove the fragments, if any, from the stump. The latter method was chosen, and the operation performed without the loss of much blood.

The patient rallied from the effects of the chloroform and shock, very satisfactorily, and did as well as patients generally do, after amputation at the upper third. He died, however, from pyœmia, on the ninth day.

DIAGNOSIS OF TUMORS OF MAMMARY GLAND.

Although the lines of demarcation between many of the tumors of the mamma are not very distinct, yet a careful attention to their more prominent signs enables one to arrive at a pretty correct judgement as to their true nature. From an analysis of the cases that have occured in his own practice, and of those collated from various sources, Dr. SAMUEL W. GROSS, has framed the following conclusions :—

1. A uniformly hard, perfectly movable, nodular, slowly growing tumor, particularly if it be seated at the upper and outer part of the gland of impubic subjects and of married women toward the twenty-third year,

and be free from ulceration, alterations in the skin, veins, nipple, and lymphatic glands, is a solid fibroma, and the diagnosis is strengthened by the presence of several growths in one or both breasts.

2. A hard, lobulated, peripheral tumor, or one which, after having remained stationary or progressed slowly for seven years, suddenly and rapidly acquires a large volume, assumes an unequal consistence, being firm at some points and soft and fluctuating at others, occurring toward the thirty-sixth year, unaccompained by lympathic involvement, but attended, possibly, with discoloration of the skin, deformity of the nipple, and limited superficial adhsions, and, it may be, with dilation of the veins, discharge from the nipple, and u'ceration anu fungous protrusion, is a cystic fibroma.

3. A firm, rapidly growing, peripheral tumor, appearing in prolific married females at about the thirty-seventh year, with, possibly, discoloration and adhesion of the skin, and ulceration, but without deformity of or discharge from, the nipple, or enlargement of the glands, is a solid sarcoma. A tumor pofsessing these attributes and occurring toward the thirty-second year is probably a firm spindle-celled sarcoma, while one developing at about the forty-second year is more apt to be a firm round-celled sarcoma.

4. A lobulated tumor, particularly if it involves the greater part of the mamma, of quick growth from the commencement, or progressing rapidly after having increased comparatively slowly for some time, of large size, of varying or unequal consisten, occurring toward the thirty-third year, in prolific married subjects, and attended with discoloration of the skin, ulceration, enlargement of the veins, and, possibly, with discharge from the nipple and limited adhesions, or, it may be, with deformity of the nipple and glandular enlargement, is a cystic sarcoma. A very rapidly progressing tumor, of soft, apparently fluctnating consistence, with stretched skin and enlarged veins, appearing in young girls before puberty and in young married women, is a medullary sarcoma, which may be solid or cystic, and is, as a rule, composed of small spindle cells.

5. A solitary, rapidly and continuously growing, although not very bulky, rather firm, or possibly soft tumor, occurring at about the forty-fifth year, with limited discoloration of the skin, but not fixed to the chest, and attended, possibly with deformity of the nipple, superficial adhesions, ulceration, eilation of the veins, and enlargement of the axillary glands, is a solid myxoma.

6. Cystic myxoma possesses the same consistence and growing attributes of the former variety, but it developes at about the forty-eighth year, and is liable to be attended with discoloration, adhesion, and ulceration of the skin. The veins, nipple, and glands, however, are normal.

7. A hard, heavy, nodular, solitary, very slowly and equably increasing tumor, especially if it developes in the immediate vicinity of the nipple of a married woman toward the thirty-fifth year, and is accompanied by adhesion and discoloration of the skin, and ulceration, and, possibly, by deformity of the nipple and enlargement of the glands, but is free from fixation to the chest and dilation of the veins, and is preceded by a discharge from the nipple, is a cystic adenoma. A solid adenoma cannot be distinguished from a solid fibroma.

8. A densely hard, inelastic, irregular, solitary, slowly growing tumor, occurring in prolific married females toward the forty-eighth year, inseparably connected with the mamma, accompanied by induration and enlargement of the associated lymphatic glands, retraction of the nipple, infiltration of, and, possibly, nodules in the skin, ulceration, and fixation to the chest, and, it may be by a discharge from the nipple, is a scirrhous carcinoma, and the diagnosis is strengthened if there be a history of heredity, if the tumour was preceded by psoriasis or eczema of the nipple, or if it be developed from an induration lefy by puerperal mastitis.

9. A soft, lobulated, voluminous, solitary, and rapidly increasing tumour, occurring in the same class of women, at about the fiftieth year, and attended with infection of the glands and skin, retraction of the nipple, fixation to the chest, and possibly, extension to the opposite breast, but but without discharge from the nipple, or marked tendency to prominence of the veins or ulceration, is a medullary or encephaloid carcinoma.

10. A hard, very slowly growing, small, solitary tumour, occurring toward the forty-fifth year, with adhesion to the skin, and, it may be, nodules in that structure, prominence of the veins, retraction of the nipple, and enlargement of the glands, and, possibly, with invasion of the opposite breast, fixation to the chest, ulceration, and discharge from the nipple, is a colloid carcinoma.

11. A densely hard, irregular and knotty, contracting and small, solitary tumour, occurring at about the forty-seventh year, and attended with retraction of the nipple infection of the glands and skin, ond, possibly distinct tubers in the latter strncture, ulceration, and immobility on the chest, is an atrophying scirrhus.

12. A slowly increasing, solitary nodula, or slightly lobular tumour, occureing after the menopause, covered by thinned and discolored skin, fluctuating, and, probably, discharging by the nipple, but without enlargement of the veins or glands, and without fixation to the chest, is an involution cyst.

13. A solitary, smooth, firm and elastic, or, possibly, fluctuating tumor, occurring in the vicinity of the nipple of young and prolific married women, of moderate volume, of slow growth, and unattended with alterations in the veins, nipple, skin, or glands, or with adhesions, but liable

to ulceration and enlargement of the glands if it inflames, is an evolution cyst.

14. A solitary, slowly growing, not bulky, fluctuating, or semisolid tumour, occurring near the nipple of lactating women, and unattended with changes in the coverings of the mamma or in the glands, is a lacteal cyst.

15. A slowly growing, small, smooth, round, firm, and elastic, or fluctuating, solitary tumour, occurring between the ages of twenty and thirty years, seated at the upper and outer border of the breast, and not near the mammilla, with a disposition to ulcerate, but without other changes in the skin, veins, or glands, is anrhydatid cyst.—*New York Med. Journal*, June, 1880.

Medico-Legal Department.

TRACY C. BECKER L. L. B., EDITOR.

THE LAW OF PRIVILEGED COMMUNICATIONS BY PATIENTS TO PHYSICIANS.

BY THE EDITOR.

NOTES OF A RECENT INTERESTING CASE.

About the 8th or 9th of June, 1880, a lady about thirty-two years of age, well dressed, and of fine figure, dark eyes and hair, called at the office of Dr. P—— of this city, a physician of good standing, and stated to him that she had been troubled with severe pains in the region of the stomach, and that having learned that the Doctor used electricity she desired to have an application of his battery. The Doctor observing that her eyes presented the peculiar bluish appearance common in cases of malarial fevers, inquired if she had been troubled with such fevers, to which she replied yes, and stated that she came from a part of Canada where such fevers prevailed—that her husband was a Drummer, (a travelling salesman) and she was staying at a hotel &c., &c. There was nothing in her appearance to indicate that she was pregnant. In fact the peculiar contour of her very lithe, well developed, but rather slim figure, was

such, as it has since appeared, that her true condition was not perceptible to her most intimate female friends, one of whom, a married lady who had borne a family, had slept with the patient a few days before.

Dr. P—— gave her a slight application of electricity, prescribed some simple Homœopathic remedies, as for neuralgia of the stomach, and after paying his fee for office consultation—one dollar—the lady departed. A day or two after this, the physician was called to see her at one of the hotels, and was told by her that she was not well, was lonesome, didn't like the house, and wished him to inform her, if he could, of a nice private boarding house, where she could stay a week or so until her husbands return. The Doctor complied with her request, and on his recommendation the patient obtained access to a private boarding house kept by a most estimable lady of good social standing and reputation. She first came there on Saturday evening, and the same evening was observed by the landlady to take a draught from a medicine bottle containing about an ounce of colored liquid, and immediately to throw the empty vial into the ash barrel from a rear window. She also complained to the landlady of severe and long continued stomach trouble, manifesting itself in nausea, and made special arrangements on this account to have some of her meals sent to her room. During Sunday and Monday she came down to several meals, but early Monday evening the Doctor was called, on account of some alarming symptoms, and on seeing the patient, found her in labor pains, which continued in the normal manner until she was delivered of a male *fœtus*, measuring in length thirteen and a quarter inches, and judging by its size and development she must have been, undoubtedly, six months advanced in pregnacy at the time of its birth. No signs of viability were discernible during, or after delivery. The amniotic fluid gave way in the usual manner, and the other phenomena attending the labor were in no way extraordinary. Dr. P——attended her safely through the crisis, and afterward saw her frequently. For about nine days she seemed convalescing, and growing stronger and stronger, but about the eighth or ninth day the landlady found her standing upon the bed, which was a corded one, but soft and comfortable, and walking or jumping up and down. Upon expressing her surprise and disappointment at this indiscretion, the patient stated that she was trying her strength and that she felt quite strong, but when standing on the bed, she "felt something give way, here"—placing her hand on the left side of her abdomen near the groin. Soon after this occurrence the patient grew rapidly worse, exhibiting unmistakable typhoid symptoms, including well marked paticha, and finally died. During her convalescence and subsequent illness, she had told the Doctor many facts as to her history; her real name; that a gentleman who came from Canada to see her in answer to a telegram sent by the Doctor, at her request, was not her husband, but that he was not the father of her child; that he was no relation, but was a friend who was

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running great personal risks in generously assisting and shielding her in the time of her trouble, that she was unmarried, but had been seduced while under the influence of wine at the city of Detroit, etc., &c.

She also dictated several messeges to the above mentioned gentlemen, which the Doctor sent, which were blinds apparently relating to Court matters, and repeatedly told him that she had taken every kind and quantity of emenegogues she could obtain during the preceeding five months, "trying to bring herself around,"—to get rid of the child. She refused to comply with Dr. P's frequent requests to send for her family, saying that she would not consent to have him do so until he was sure she was going to die, as one of her sisters was advanced in pregnancy and the shock might kill her, and her folks at home were old and feeble. The evening before she died, the Doctor did telegraph her friends, and the next morning about an hour after she was dead a sister arrived. She called on the Doctor and started with him toward the house where the deceased lay, but on reaching it, grew violently and hysterically excited, denounced him and the lady of the house as her sister's murderers, and flew screaming into the street. Soon after, and during the same day, a police detective called upon Dr. P., and while a post-mortem examination was made he was kept under surveilance and confinement at the office of Superintendent of Police. While there, he was pressed by the superintendent to tell the address to which he had sent the messages above referred to, as sent to a gentleman friend of the patient, &c., &c., but the Doctor, believing that to do this would be to commit a breach of professional honor, refused to give any material information which he had acquired while attending the patient. A Coroner's Jury was empanneled and viewed the body. The post-mortem examination which was carried on in a manner almost criminally negligent, by two so-called post-mortem examinists—who claim to be physicians—did not disclose any indications of the us of instruments, or of criminal abortion. The intestines were found to be covered and almost glued together with pus, and a recently broken abscess about the size of a hens egg was found upon the region of the left falloplan tube, whereupon Dr. P. was discharged from custody and went about his business. After a few days, a regular Coroner's Inquest was held concerning the causes which had led to the death of his patient, and he was about to be called as witness.

Suspected, and openly charged by the family and friends of the woman, of having performed an abortion upon her; smarting under the wrongful, and oftentimes harsh and unfair aspersions of the public, and the public press; delicately situated with regard to the lady, in whose house the unfortunate and misguided victim of her own folly had perished; anxious to exculpate himself and this lady from all blame or suspicion of complicity n the death: yet on the other hand, desiring not to give evidence that

might lead to the arrest of the gentleman who appeared to have exposed himself to shelter a woman who had been deceived and ruined by others, and believing that a true regard for professional honor demanded that he should preserve inviolable the secrets of the patient, and all information obtained while attending her; the Doctor sought my advice as to what the law could compel him to disclose upon his proposed examination before the Coroner and his Jury. He asked, whether he could, without being punished as for a contempt of court, refuse to answer any questions leading to show the true name and residence of the gentleman who visited the patient, that he had paid him for the attendance, that he called himself the lady's husband while visiting her, in order to avert the landlady's suspicion, that the lady confined at her house was not a married woman etc., etc. And the Doctor made these inquiries not alone for the purpose of obtaining my opinion as to his legal right to refuse, or obligation to reveal the facts he had learned while in attendance as a physician, but also, for the further purpose of my forcasting his own possible status, in case after refusing to answer, or after disclosing in full, or in part, as the case might be, what he had thus learned, he himself should be indicted, and tried upon a charge of having alone, or with the consent and connivance, and the procurement of that gentleman, committed the crime of producing an abortion.

It will readily be conceived that the questions thus presented were momentous and in the highest degree important, and that they caused me days of anxious study, and varying and shifting reasoning, so far as concerned the policy to be adopted and pursued. As to the legal right of the Dr. to refuse to disclose, or to disclose, I found some apparent discrepancies and differences in the propositions laid down by our courts, but a full examination of these, and of the statutory declaration of the law upon the subject of information derived and obtained by physicians while attending their patients, led to but one conclusion. What that conclusion was, and the principles, reasons and authorities upon which it was based will now be fully set forth.

It should first be stated however, that inasmuch as Dr. P. has given his evidence, and the verdict of the Coroner's Jury has been rendered, and has failed to charge any offense against him, he kindly consents that this article be published.

To be continued.

Editorial Department.

RATIONAL THERAPEUTICS.

During the last decade the practice of medicine has undergone a wonderful change. The old system of bleeding, leeching, cupping, blistering, purging and vomiting as well as the administration of drugs in massive doses have become nearly obsolete by the so-called orthodox school. It has profited by the experience promulgated by the more modern school, the "*rational*" therapeutic system. It has been obliged to succumb to *facts* and acknowledge the *truth*, though it emanated from a source it had been taught to ridicule, curse and coerce, the Hannemanian method. Compare the posology of the "Old School" to-day with that of twenty, or even ten years ago.

Analyze its methods of treating acute as well as chronic diseases during the last two decades. Compare its pharmaceutical preparations and its application of remedies to relieve morbid conditions. Note the difference in time required to completely annihilate the morbid material and radically cure the patient in almost every acute disease, such as Pneumonia, Pleurisy, Peritonitis, Enteritis, Dysentery, Diarrhœa, Cystitis, Orchitis, Rheumatism. For the last named disease we were taught by the old masters, "the *gods* that were," that "*rest* and *six weeks in bed*, was the best treatment." What practitioner now-a-days of the Rational School of Medicine would not feel so chagrined at such a result, that he would not be disposed to change his profession for almost anything, even a peanut stand, or hand organ and monkey? Six weeks for an ordinary articular or muscular rheumatic fever? why! ten or twelve days in uncomplicated cases is now considered a longer period than is generally required for the modern practitioner to restore the patient to health. Just so even with many of the aggravated forms of *pneumonitis, pleuritis, enteritis*, etc, etc. The question is asked by the incredulous, by what means we accomplish these results so readily, and what are we to understand by *rational* medicine? We will answer the last question first, viz: By the application of those remedies that *reason* and experience have taught us to be most efficacious. First strive to eliminate the cause, and if that is impracticable, overwhelm the existing disease by establishing an artificial one, with drugs which experience has proven capable of inducing similar conditions when administered in health, such as Phosphorus in *pneumonia*, Bryonia in *pleurisy*, Bichloride of Mercury in *dysentery*, Quinine in *ague*, Colocynth in *colic*, Cantharides in *strangury*. Ipecac and Arsenic in

vomiting, Pulsatilla in *orchitis*, &c. Thus, when within the realm of the law of *similia*, it is *rational* medicine. But when without the domain of this great truth, and the *materis morbi* requires some chemical change or some catalitic, hœmatic, or some artificial *vis a tergo* is needed, then the *rational therapeutics*, will be selected according to their chemical, restorative, and tonic properties. Not unfrequently the cure can only be brought about by the administration of remedies in accordance with the law of *contra contraries*, in which event, this great factor of the healing art, is the *rational* method brought into requisition.

With this view "*Rational Medicine*" cannot be based upon a distinctive dogma. No one system, creed, or pathy, can successfully and satisfactorily combat all diseases. And yet we cannot all think alike, men take different views of the *rationalle*, some are misguided by early dicipline, some deluded, some *dishonest*, and some are wilfully ignorant, while others look facts squarely in the face adopt truth wherever found, and do not hesitate to say *post hoc ergo proptor hoc*, that there is reason in all which experience has taught efficacious, and the blending of the systems must needs constitute a *rational therapeutics*.

A few days since a physician (?) was asked in our hearing, if he belonged to the rational class of practitioners? "*No!*" was the emphatic response, "I am an *Old School* physician." Here was an instance where the Doctor would not admit that his practice was *reasonable*. There are some, it is true, in all schools, so narrow-minded, self-sufficient and bigoted that they will denounce everything outside the narrow rut they were cultured in, and that did not enter into their curriculum, without even giving it a moments consideration, thus, this *all*-opathist, (a misnomer), whose early discipline had prejudiced him so much towards progressive medicine, that without stopping to analyse the term, he pronounced his practice *irrational*. *Veritas prœvalebit*, and it unconsciously bubbles out of "children and fools."

Every school and system of medicine has its representative bigots, men distinguished for their disposition to tyranize, and rule or ruin, right or wrong. Thus, there are members in the *homœopathic* ranks who are hostile to our enterprise, fearing that our method of teaching facts will prove detrimental to their pretended exclusive dogma practice. Such men are not what they seem, and what they would like the laity to think they are, for they acknowledge to us, and the fraternity, orally and by letters, (in our possession) that all diseases cannot be controlled by the law of correspondence, and they consider it their prerogative to practice medicine with the remedies that the experience of all schools have proven indispensible."

Gentlemen, be honest and honorable, preach what you practice, do not ignore the "golden rule," instruct your pupils, or send them where they can recieve the most thorough methods of practicing our noble profession *rationally*. There is another class of homœopathic practitioners—and by far the greater portion—who perfectly concur with our rational method of instruction, and cheer us, in every possible manner, in our laudable enterprise.

There is still another class, by name Eclectics, but by nature, and principle *Rational Homœopathists* who are by no means hostile, or in the least inimical, on the other hand a great number have declared their intention to become members of the graduating class, at the next session of the College of Physicians and Surgeons.

And last but not least, there is still another class, that belong to the Old Pioneer School, the Allopathic side of the house, men of culture, of research, of indominable will, and disposition to prehend *everthing that the science of medicine can utilize*. These are the men (we wish they were in greater numbers,)who make the Physicians and Surgeons,in the fullest, most noble,and perfect sense of the terms.

And yet there is another class that belong to this faction, who secretly adopt and use daily, homœopathic therapeutics, but have not the manliness, the honesty, an the courage to stand up before the old masters and speak the truth, lest they might be ostracized from the societies. The man who has not lime enough in his vertebral column to hold him up to fight for principle, for right, for truth and science, is unworthy of the name physician.

We believe the time will soon come when the therapeutics of rational medicine will be adopted by all schools, pathies, and parties, for sectarianism in medicine like footprints on the sands of time is gradually dying out.

We have been thus explicit in rendering our ideas of the subject of this paper, that the student who is in search of a thorough knowledge of his chosen profession, may have a better understanding of the question that is daily asked. "What is Rational Medicine?"

News and Miscellaney.

The Editor of the Homœopathic Journal of Obsterics, is very captious over our criticism of his article on miscarriage, in his February number.

In the April number of the INVESTIGATOR may be found—under editorial—what we said of him and *irrational* homœopathy,—or rather, no

homœopathy at all.—We said that this learned Henry Minton, A. M., (Much Ado "about nothing,") M. D. (?) recommended over 500 remedies for the treatment of miscarriage, and gave it as our opinion "that all the remedies necessary to treat an aggravated case, could be written on a finger nail; (and we will add now, that of an infant's at birth.) We well remember the late venerable, and distinguished Dr. Scott of this city, who wrote the "Lord's Prayer" on a three-cent piece.

This moon-shine instructor seems somewhat indignant that we should expose his folly, acknowledges his indisposition to measure controvertible swords, but accuses us of untruthfulnes, and thinks we are "immature and unfledged" in the infinitesimal dynamisation system. In short, he treats us as cavalierly as if he were a Prelate, Pope, or Sovereign, (perhaps he is,) but we are familiar with the primary symptoms of many cerebral diseases, and particularly *ramollissment*. We shall certainly watch for further developments in this case with no little solicitude. But let us see how much truth there is in *his* declarations. First, we have taken the trouble to carefully count the remedies which he says are indicated for the various symptoms begining with the prophylactics, and ending with the expulsion of the fœtus, and there are just 504. Of course some of these remedies are spoken of several times as being indicated in certain conditions, like the following: "When the patient has a desire to talk about her condition" Nux m. is indicated, and we see the same remedy named when "a short time seems a long one to her," and also when she has laughter, and everything seems ludicrous, as well as under the head of "that she is sure she will abort.

Or, under the following distinct and separate heads, we find this learned therapeutician prescribing Hyos, viz: "She cannot bear to be talked to. Alternation of laughing and weeping. Lacivious mania. Loquacious. Indistinct muttering. Makes irrelevant answers etc, etc." Thus, all through his eight pages devoted to such nonsense, we find for entire different conditions which he calls symptoms, the recommendation of these and a multiplicity of other drugs, which should certainly be enumerated as so many remedies.

A more careful examination of the divisions of his subjects verifies our statement, and in every particular we were correct. The several numbers given were by actual count. So much for the charge of "untruthfulness."

So far as miscarriage being a "simple accident," is concerned, we have only to say, that since 1854, we have probably treated two or three hundred idiopathic cases, never lost a patient, or had any very great difficulty in combatting untoward conditions. Of course patients sometimes succumb to hemorrhage, or some of the sequœle, such as metritis, or peritonitis, so a patient may die of epistaxis, or a slight lesion of a nerve may cause tetanus. Bad results may follow slight injuries, but that does not

make a simple abortion a *grave* disease, unless it be made so by the inexperience or idiotic method of treatment, then a simple case might very readily find the *Grave* form.

As to our being "immature and unfledged," in this sophistry, we plead *guilty*, and always hope to remain so. We had much rather live and die in ignorance, than to be culpable of practicing medicine in accordance with such theoretical vagaries.

We regret exceedingly that we felt obliged to respond to the editor's cowardly attack in his February number, but we never could tolerate such *ungentlemanly* behavior, and hence, we replied to his uncalled for inuendoes, by reference to what seems to us the most preposterous system ever taught by man, and yet every one has a right to teach what he pleases (and we claim that prerogative) and purpose giving instruction in *rational medicine*. At the same time we are desirous to do anything to keep peace in the family and prohibit discord. We are certainly willing to ignore everything unpleasant, and split hairs with the doctor (we did not say bristles) but surely we should all try and work for the best interests of the psofession and avoid personal invectives.

Justus propositi tenax.

We can boast of having the best Homœopathic Pharmacy outside of New York City. Dr. Appleby is a very fine Pharmaceutist, and any one ordering medicines from him may rely on their purity. He also makes a specialiy of hand and buggy cases.

We would call attention to the advertisement of Mr. King in our columns, for by doing so, we will be saved much trouble in taking orders to him for surgical instruments for our readers. He will forward them to you as cheap, and in less time than we could.

Reviews and Book Notices.

A few days since we were asked, by a practitioner of Medicine. "Which is the best work extant on the *Medical* and *Surgical Diseases* of *Women*."

Our response was without hesitation HEWITT'S by all means; and taking from the shelf the last edition 1880, convinced the inquirer that the Pathology, Diagnosis and Treatment of Diseases of Women including the Diag-

nosis of Pregnancy, by Graily Hewitt M. D., Lond., was by far the best work, not only for the practitioner but the student of medicine. This is a large, 8vo. of 750 pages, large or long primer type, and is The Third American, from The Third London Edition, revised and enlarged, and has one hundred and thirty-two illustrations. The plan and arrangement of the work is admirable, and consists of a division into XXXII Chapters, and a supplementary chapter devoted to *Sterility*, also giving the signs of virility in the man.

We will simply mention some of the subjects treated of in this very valuable work.

Chapters I to XII treat of the Pathology of the female sexual organs, the history of the Uterus and Ovaries, Pathological changes in the uterus and treatment, Examination of the organ in health, and for the diagnosis of tumors of various kinds. Diagnosis of pregnancy. Flexions or acquired deformities, pathology etc., etc.

The subsequent chapters treat of Amenorrhœa, Menorrhagia, Metorrhagia, Dismenorrhœa, and nervous disorders referable to the uterus.

From Chapter XVIII, are considered Congenital Malformations, Atrophy, and Hypertrophy, then Non-sanguinous discharges, Leucorrhœa, etc. The following morbid conditions are then ably discussed :

Peri-Uterine Hæmatocele, Pelvic Cellulitis and Abcess, Fibroid Tumors, of the Uterus, Polypi, and Fibro Cystic Tumors of that organ, Diseases of the Fallopian tubes, Ovaries and Broad Ligaments, as well as those of the Perineum Vulva, Vagina, Urethra and Bladder.

Every disease in this elaborate work is treated of in a masterly manner, and we cheerfully recommend it to the profession. It is published by the well known firm of Lindsay & Blakiston, Phil. Price in Cloth $5.00, in Leather $6.00.

Kidd's Laws of Therapeutics; Or the Science and Art of Medicine. By JOSEPH KIDD M. D., London,

Is another book published by this House, that should be in the hands of every progressive physician. It is truly "a book of the day." Read what the *London Practitioner* says of it.

"Dr. Joseph Kidd, who, by the way, is Lord Beaconsfield's medical adviser, and an eminent physician of the regular school, briefly but clearly sketches the history of medicine from the earliest period. He shows that the chief mistakes have been made through deference to theory and negligence of the teaching of facts. Thence he passes to an asertion of the value of the homœopathic principle of *similia similibus* in the treatment of many diseases. He is not a follower of Hahnemann, and does not believe in infinitesimal doses, but he claims, and enforces his position by the citation of cases in his own practice, that the homœopathic principle has performed wonders where that of his own school was much less successful. The high standing of the author will give weight to his views among

those who can see no good in homœopathy as defined by its professed advocates. Some of them, however, will affirm that the similar are not necessarily the identical, and that there may be a real distinction between symptoms and the effects of remedies which produce analogous sensations. However this may be, the volume, which is a small one, deserves the attention of physicians of all schools.

Dr. Kidd acknowledges two laws—that of *contraria contrariis* and *similia similibus;* but the cases he gives in his chapter on *ars medica* show that like a sensible practitioner, he does not allow himself blindly to follow either one or the other, but seeks out the causes of disease, and tries by rational measures to remove it. The cases are the most valuable part of the book." Price $1.25, 8 vo.

Headaches.—Their Nature, Causes, and Treatment. By WILLIAM H. DAY M. D., Physician to the Simaritan Free Hospital for Women and Children. Third Edition. With Engravings. Crown 8vo. Handsomely bound in Cloth, $2,00.

This is another very desirable publication by Lindsay & Blackiston, and like everything from that house, is neatly bound and very readable.

We have just received the Seventh Number of Woods' Library of Standard Medical Authors, Entitled Functional Nervous Diseases. By By L. PUTZEL, M. D, N. Y.

Of the many diseases considered in this very desirable work, we will mention those only that we have had time to peruse, viz., Chorea, Epilepsy, and Neuralgia.

The Author takes a very rational view of these so called functional diseases. He fully concurs in the teaching "that there can be no morbid manifestations without a change in the material structure of the organs involved." He is fully convinced in view of the fruitless search of Pathological anatomists, that the diseases considered in the work present no anatomical changes which are visible to the naked eye or to the miscroscope—in other words, that the changes in structure are of a *molecular* nature. He thinks also, that in the reviewing growth of physiological chemistry the balance of the chemist may determine the presence of subtle changes in the constitution of the diseased organs, and may afford some insight into the true pathogeny of these affections."

The author's description of Chorea, its Chemical History, Etiology, Pathological Anatomy, Pathology and Diagnosis, are not to be criticised, but his Prognosis and treatment are to us unsatisfactory. In the main, they are correct, but we believe the most rational treatment is delineated in our article on that subject in the August number of the INVESTIGATOR. The other diseases treated of in this work—so far as we have read—give evidence of a thorough knowledge of the subjects, and so far as the "Old School" methods of treatment are concerned, are acceptable, practical, and satisfactory. We commend the work to our readers, and think it has its average value with the others in this series of the *Library*.

WM. WOOD & CO., have recently issued a little Book entitled Posological Table, including all the officinal and the most frequently employed unofficinal preparations. By CHARLES RICE, M. D., Chemist &c. Revised and approved by members of the Medical Boards of Bellevue and Charity Hospitals, N. Y.

In this little work of about one hundred pages, the whole U. S. Dispensatory is incorporated, and it must prove of great utility to the profession generally, especially to the physicians in Public Institutions and Apothecaries, as well as the general practitioner as a pocket reference dose book.

Diphtheria: its cause, nature and treatment. By R. R. GREGG, M. D., Buffalo, N. Y., 1880.

Spherical Bacteria, or Micrococci of Diphtheria shown to be only Molecular Granules of Fibrin. Rod-like Bacteria, Bacterium termo, shown to be "Molecular Granules" of Fibrin united into fibrils, or fine "thread-like prolongations."

Such is the title of a very interesting work just published by Dr. Gregg, Lecturer on Tuberculosis and its Allied Disorders, in the Buffalo College of Physicians and Surgeons.

In view of the terrible ravages which Diphtheria inflicts upon human life by the often unsatisfactory, or at least, unsuccessful, treatment usually adopted, anything which offers further light upon it demands the attention and consideration of physicians. The controversy in reference to the nature and treatment of Diphtheria has not yet become settled; but the discussion continues and its interest does not cease; nor will it cease until there is a mass of evidence accumulated to harmonize the minds of medical men, and until a system of treatment is discovered that will prevent the depradations which this "dread interloper" has heretofore spread among the sanctities of precious childhood. This volume of Prof. Gregg, professes to give new light upon this interesting subject of Diphtheria. The author believes he has explained the true cause and nature of the disease, and pointed out a system of treatment, whose results in the saving of human life are unprecedented in its history. He does not aim to furnish an exhaustive treatise on Diphtheria, but to elaborate such points in reference to its nature and the application of remedies as will give the physician a clearer understanding of both, and to furnish him the key which will unlock their mysteries and open untold blessings to afflicted households.

In the introduction the Dr. states that in the early part of his practice, and during the three years from 1862 to 1865 he adopted the usual treatment then pursued by the Homœopathic School in this disease, but his success was not satisfactory to himself. "Under that treatment," he says, "and during those three years, I lost several important cases, notwithstanding a previous much better success, until it came to be a great dread to me to be called to patients suffering from diphtheria. Watching those I lost, however, carefully through all phases of their diseases until they died, and seeing how long nearly all of them held out, and how much they suffered before yielding life, it seemed to me that if the practice of medicine was what it ought to be, or, at least, that if those patients had been *rightly* treated, all but one of them could have been cured, and that all similar cases should be saved.

"This conviction becoming thoroughly fastened upon my mind, I read Hahnemann, Bonninghausen and other of the like reliable writers of our school more intently, and reflected more earnestly and deeply upon their teachings than ever before, until I felt justified in at least trying the method of treating cases of the disease that might subsequently come under my care in accordance with its true pathology, and upon the strictest Hahnemannian principles of homœopathy. Experience, too, in the successful treatment, under those principles, of other of the gravest forms of disease that had in the meantime been gained, fortified me still more in my resolution, until, in 1865, I put the matter to the severest test in numbers of serious cases of diphtheria, and, from the time of my making that new departure to the present moment, I have not lost a case of the disease, however severe, (with one possible exception, explained at the close of the volume, under the head of errata), out of several hundred treated; and I have had no unpleasnt *sequelæ* arise or follow in a single case."

Such a success in the treatment of diphtheria warrants an investigation into the principles which have lead to it, and a perusal of the work which elucidates the authors ideas, and in which he endeavors to point out the "royal road."

The theory of the nature of the disease in embodied in the following paragraph:

"There never occured a case of diphtheria without an irritation of some one or more of the mucous membranes—generally, of course, of that of the throat and nostrils, but frequently also of others as well; and there never occured an irritation of a mucous membrane without its causing a waste of albumen through it from the blood; and never was albumen extracted from the blood in that way, that is, wasted, without destroying that normal proportion among the several constituents of the blood, which is indipensible to health, and leaving in the blood-vessels a relative excess of water, blood corpusels, fibrin, salts and fatty matters, to disturb and derange the operations of life more or less seriously, until such excess is expelled entirely from the system, or death is the result. Often it is the rapid destruction of the proportions of the elements of the blood, by a profuse and rapid waste of albumen, that causes speedy death in diphtheria, no less than in other diseases."

The first part of this work is given to the proof of this theory, and is elaborated under the sections headed "Waste of Albumen," "Excess of Fibren in the Blood," "How the Excess of the Other Constituents of the Blood is Disposed of," "The Action of Colds in Promoting Diphtheria," "Those Most Liable To Diphtheria," etc. Various and eminent authorities are cited in support of the author's positions, such as Oertel, Lehmann, Carpenter, Hamilton and others. The author raises, and explains according to his ideas, pathological questions of much interest.

He also considers quite at length the "Bacteria Theory" of Diphtheria, and disposes of it as delusion, by finding that the Fibrin which is exuded behaves itself in an identical manner with that of the so-called Bacteria. He says:

"In its first efforts at fibrillating it assumes spherical forms in infinite numbers, which are "on the very borders of the visible," and identical in

appearance with the spherical bacteria, or micrococci; and these spheres, or many of them, soon elongate, or join together, to form "rod-like" processes, precisely like the bacterium termo, or rod-like bacteria; and, finally, some, or many, of the fibrils, if their ends are left free from attachments, contract under their firmer organization, into more or less of the spiral shape just like spiral bacteria. What a beautiful solution, therefore, does nature furnish us of this seemingly impenetrable mystery."

Further on the author adds in reference to Bacteria :

"Intelligent physicians, who may believe in bacteria, will hesitate to claim that there are two sets of forms, exactly alike in size and appearance, in each stage of their development, alike as a whole, and alike in their consequences upon life; the one being vegetable and the other animal, and both present in almost infinite numbers in the blood, in all congested parts, and in the exudations in every case of diphtheria. That would be an absurdity upon its face."

Following these interesting pathological considerations, space is given to "Symptoms" and "Diagnosis."

The latter part of the work is devoted to treatment and the report of cases, and will be read with much interest in view of the unfailing success during a period of fifteen years, and, in several hundreds of cases.

Appended to the text is a paper written and published by the Doctor ten years ago entitled "The Fibrinous Crasis," which is also of pathological interest, and still farther corroborates the proof of the theory advanced in the body of the work.

The author presents the work to the profesion in the interest of a true rationale of Diphtheria, which he believes his to be, and of a more successful treatment of this dread disease. His claims are such that all physicians will wish to investigate them, and, as we believe, they cannot afford to disregard the pathological aspect of the subject which is therein presented.

The work can be had at the nominal price of $1.50 per copy, by addressing the Author at 664 Main St., Buffalo, N. Y., and also at the various Pharmacies throughout the United States. A. A. H.